

PERTUSSIS REPORT

Send to: Surveillance and Statistics Section, Division of Communicable Disease Control, California Department of Health Services,
714/744 P Street, P. O. Box 942732, Sacramento, CA 94234-7320
See other side for definitions.

IDENTIFICATION AND DEMOGRAPHICS

NAME (Last, First)			COUNTY	STATE CASE ID NUMBER
ADDRESS (Street and Number)		CITY	ZIP	PHONE
REPORTING PHYSICIAN/NURSE/HOSPITAL/CLINIC		ADDRESS		PHONE
FORM COMPLETED BY		DATE COMPLETED	PHONE	CENSUS TRACT

BIRTHDATE <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div>	SEX <div> <div></div> </div> 1=Male 2=Female 9=Unknown	ETHNICITY <div> <div></div> </div> 1=Hispanic 2=Not Hispanic 9=Unknown	RACE/NATIONAL ORIGIN <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> 10=White 20=Black 30=American Indian/Alaska Native (Aleut, Eskimo) 40=Unknown 50=Asian/Pacific Islander*	<div> <div></div><div></div> </div> <div> <div></div><div></div> </div> 51=Chinese 52=Japanese 53=Korean 54=Filipino 55=Asian Indian 56=Cambodian (non-Hmong) 57=Laotian (non-Hmong)	<div> <div></div><div></div> </div> <div> <div></div><div></div> </div> 58=Vietnamese (non-Hmong) 59=Hmong 60=Thai 61=Guamanian 62=Samoa 63=Hawaiian 64=Other/Unk.
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AGE <div> <div></div> </div> <div> <div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div> </div> days (if < 1 wk. old) weeks (if < 1 mo. old) months (if 1-23 mo. old) years (if ≥ 2 yrs. old) check if age unknown
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CLINICAL DATA

COUGH? <div> <div></div> </div> Y=Yes N=No U=Unknown	COUGH ONSET <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div>	PAROXYSMAL COUGH? <div> <div></div> </div> Y=Yes N=No U=Unknown	WHOOP? <div> <div></div> </div> Y=Yes N=No U=Unknown	POST-TUSSIVE VOMITING? <div> <div></div> </div> Y=Yes N=No U=Unknown
APNEA? <div> <div></div> </div> Y=Yes N=No U=Unknown	FINAL INTERVIEW DATE <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div>	COUGH AT FINAL INTERVIEW? <div> <div></div> </div> Do final interview at least 14 days after cough onset. Y=Yes N=No U=Unknown	DURATION OF COUGH AT FINAL INTERVIEW <div> <div></div><div></div> </div> Cough must be ≥14 days unless culture positive or epi-linked.	

COMPLICATIONS

CHEST X-RAY FOR PNEUMONIA? <div> <div></div> </div> P=Positive N=Negative X=Not Done U=Unknown	SEIZURES DUE TO PERTUSSIS? <div> <div></div> </div> Y=Yes N=No U=Unknown	ACUTE ENCEPHALOPATHY DUE TO PERTUSSIS? <div> <div></div> </div> Y=Yes N=No U=Unknown	HOSPITALIZED DUE TO PERTUSSIS? <div> <div></div> </div> Y=Yes N=No U=Unknown	IF YES, DAYS HOSPITALIZED <div> <div></div><div></div><div></div> </div> 0-998; 999=unknown	OUTCOME <div> <div></div> </div> S=Survived D=Died U=Unknown
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TREATMENT

WERE ANTIBIOTICS GIVEN? <div> <div></div> </div> Y=Yes N=No U=Unknown	FIRST ANTIBIOTIC GIVEN <div> <div></div> </div>	"ANTIBIOTIC GIVEN" CODES 1=Erythromycin (incl. pediazole, iolone) 2=Cotrimoxazole (Bactrim/Septtra) 3=Clarithromycin/azithromycin 4=Tetracycline/Doxycycline 5=Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime 6=Other 9=Unknown	DATE STARTED FIRST ANTIBIOTIC <div> <div></div><div></div><div></div><div></div> </div>	DAYS FIRST ANTIBIOTIC ACTUALLY TAKEN <div> <div></div><div></div> </div> 0-98 days 99=Unknown
	SECOND ANTIBIOTIC GIVEN <div> <div></div> </div>		DATE STARTED SECOND ANTIBIOTIC <div> <div></div><div></div><div></div><div></div> </div>	DAYS 2ND ANTIBIOTIC ACTUALLY TAKEN <div> <div></div><div></div> </div> 0-98 days 99=Unknown

LABORATORY

Please indicate date of culture below (mo/da/yr) <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div>		DRAW BOTH SERA		ANTIBODY TYPE	ANTIGEN	NUMERICAL RESULT	INTERPRETATION
SEROLOGY 1 DATE SPECIMEN TAKEN month day year <div> <div></div><div></div><div></div><div></div> </div>		Test a.	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	
RESULT CULTURE <div> <div></div> </div> DFA <div> <div></div> </div> PCR <div> <div></div> </div>		Test b.	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	
RESULT CODES P=Positive N=Negative I=Indeterminate E=Pending X=Not Done S=Parapertussis U=Unknown		Test c.	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	
HIGHEST PERIPHERAL WHITE BLOOD COUNT <div> <div></div><div></div><div></div><div></div><div></div> </div> /mm3		Test d.	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	
DIFFERENTIAL <div> <div></div><div></div> </div> % neut or PMN (seg + band) <div> <div></div><div></div> </div> % lymph (lymph + mono) <div> <div></div><div></div> </div> % Eosin + Basoph/other		Test a.	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	
ABSOLUTE LYMPHOCYTE COUNT <div> <div></div><div></div><div></div><div></div><div></div> </div> /mm3		Test b.	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	
		Test c.	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	
		Test d.	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	
		"ANTIBODY TYPE" CODES 1=IgG 2=IgA 3=Other/specify: <div> <div></div> </div> 9=Unknown		"ANTIGEN" CODES 1=Pertussis toxin (PT) 2=Fimbriated hemagglutinin (FHA) 3=Other/specify: <div> <div></div> </div> 9=Unknown		"INTERPRETATION" CODES 1=Significantly elevated, or "high" 2=Borderline elevated 3=In "normal" or "control" range 4=Antibody present—no interpretation of normal vs. high level 5=Indeterminate—unclear if antibody present or not 6=No antibody detected 9=Other/unlk.	

This form continues on the reverse.

CASE CLASSIFICATION

CLINICAL PICTURE <input type="checkbox"/> 1=Cough lasting ≥ 14 days, plus paroxysms, whoop, or post-tussive vomiting 2=Cough lasting ≥ 14 days, but none of the above 3=Cough lasting < 14 days 9=Unknown	EPI-LINKED? (Epi-linked to a lab-confirmed case) <input type="checkbox"/> Y=Yes N=No U=Unknown	NAME OF THAT CASE
OUTBREAK RELATED? (Part of cluster of ≥ 5 cases, at least one of them lab-confirmed) <input type="checkbox"/> Y=Yes N=No U=Unknown	IF YES, OUTBREAK NAME OR LOCATION	OUTBREAK NUMBER

**To be completed
by State**

PERTUSSIS DIAGNOSIS STATUS

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*1=**Lab-confirmed**: By culture or Polymerase Chain Reaction (PCR); serology does not confirm.
*2=**Epi-confirmed**: Either meets **clinical picture code 1** and is **epi-linked** to a lab-confirmed case, **or** meets clinical picture code 1 or 2 and is **outbreak-related**
*3=**Probable**: Meets clinical picture code 1 but is not **lab-confirmed, epi-linked, or outbreak-related**
4=**Not pertussis** 9=**Unknown or unclear** *Counted and reported to CDC

EPIDEMIOLOGICAL INFORMATION

DATE FIRST REPORTED TO HEALTH DEPT. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year	DATE INVESTIGATION STARTED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year	NUMBER OF CONTACTS ILL <input type="text"/> <input type="text"/> Check here if unknown: <input type="checkbox"/>	NUMBER OF CONTACTS IN ANY SETTING FOR WHOM ANTIBIOTICS WERE RECOMMENDED <input type="text"/> <input type="text"/>
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MOST LIKELY SETTING WHERE THIS CASE ACQUIRED THE INFECTION AND/OR SETTING(S) WHERE THE CASE SPREAD THE INFECTION:

Setting of acquisition

Setting of spread

DAY CARE	SCHOOL	DOCTOR'S OFFICE/CLINIC	HOSPITAL INPATIENT	HOSPITAL ER	HOME	WORK	COLLEGE	MILITARY	JAIL/PRISON	CHURCH	OUTSIDE CALIFORNIA	OTHER*	UNKNOWN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*IF "OTHER", PLEASE SPECIFY:

WAS THERE CLOSE CONTACT WITH A PERSON WITH A PERSISTENT COUGH WITHIN 21 DAYS BEFORE THE ONSET OF SYMPTOMS? Y=Yes N=No U=Unknown

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IF YES, NAME AND RELATIONSHIP OF CONTACT

WAS THE CONTACT IN THE SAME HOUSEHOLD?

Y=Yes
N=No
U=Unknown

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IF NO, ADDRESS OF CONTACT

HOUSEHOLD CONTACTS UNDER 6 YEARS OF AGE EXPOSED TO CASE

NAME	#1	#2	DATES OF DTP/DTaP #3	#4	#5

CASE'S VACCINE HISTORY (complete only for children aged < 15 years)

VACCINATED? (Received any doses of pertussis-containing vaccines?)

☐

Y=Yes N=No U=Unknown

NUMBER OF DOSES OF PERTUSSIS-CONTAINING VACCINE PRIOR TO ILLNESS ONSET

99=unknown

REASON NOT VACCINATED WITH ≥ 3 DOSES OF PERTUSSIS VACCINE

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- | | |
|--|---|
| 1=Religious Exemption | 6=Delay in Starting Series or Delay Between Doses |
| 2=Medical Contraindication or Vaccine Reaction | 7=Other |
| 3=Philosophical/Personal Beliefs Exemption | 9=Unknown |
| 4=Previous Pertussis Diagnosis | |
| 5=Age Less Than 7 Months | |

VACCINATION DATE

month day year

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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VACCINE TYPE

TYPE CODES

W=DTP Whole Cell
A=DTaP
T=DTP-Hib Combo
P=Pertussis Only
D=DT or Td
O=Other
U=Unknown

VACCINE MANUFACTURER

MANUFACTURER CODES
C=Connaught
L=Lederle
M=Mass. Health Dept.
I=Mich. Health Dept.
O=Other
U=Unknown

PERTUSSIS INFORMATION

Incubation Period: 7-10 days; rarely up to 21 days

Communicable Period: From onset of first symptoms and up to 21 days after paroxysmal cough onset, or up to 5 days after starting appropriate antimicrobial therapy

Mode of Transmission: Direct or indirect contact via respiratory secretions; also airborne.

Paroxysmal Cough: Sudden uncontrollable bursts or spells of coughing where one cough follows the next without a break for breath

Whoop: High-pitched noise on inhaling after a coughing spasm

Post-tussive Vomiting: Vomiting that follows a paroxysm of coughing

Apnea: Prolonged failure to take a breath which may occur either after a coughing spasm, or without prior coughing in an infant

Duration of Cough: The total number of days the patient has coughed by the time of the final interview. If cough duration is < 14 days at final interview when the case is reported, recontact the patient to establish whether the patient did cough for at least 14 days.

Acute Encephalopathy Due to Pertussis: Acute illness of the brain manifesting as decreased level of consciousness (excluding post-ictal state) and reduced level of nervous system functioning. Seizures may or may not occur. Such patients are almost always hospitalized.

PERTUSSIS TREATMENT AND CHEMOPROPHYLAXIS

14 days of—

Erythromycin: Adults: 250 mg q.i.d. for prophylaxis, 250 or 500 mg q.i.d. for treatment; children: 40-50 mg/kg/day in divided doses; **or**

Cotrimoxazole (TMP/SMX, Bactrim, Septra): Adults: 2 regular strength tablets b.i.d., or one double-strength tablet b.i.d.; children: TMP—8 mg/kg/day; SMX—40 mg/kg/day—divided in two doses; **or**

Clarithromycin: Adults: 500 mg b.i.d.; children: 15 mg/kg/day divided in two doses; **or**

Tetracycline: Adults: 500 mg q.i.d.; children age 9 years and older: 25 mg/kg/day in divided doses